

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/719379

FILING DATE

APPLICANT(S)

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10		5				
11	1					
12		1				
13		1				
14		1				
15	1					
16	1					
17		1				
18		1				
19		1				
20	1					
21		1				
22	1					
23		1				
24	1					
25		1				
26		1				
27		5				
28	1	1				
29	5	1				
30	1					
31	1					
32		1				
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			14			
47			14			
48			14			
49			14			
50			14			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51							14	
52							14	
53							14	
54							14	
55							14	
56							5	
57							9	
58							14	
59							1	
60							9	
61							5	
62							14	
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831